

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacists  
Managed Care Organizations

**Memorandum No: 07-xx**  
**Issued:** January 26, 2007

**From:** Douglas Porter, Assistant Secretary  
Health and Recovery Services  
Administration

**For further information, go to:**  
<http://maa.dshs.wa.gov/pharmacy>

**Subject: Prescription Drug Program: Maximum Allowable Cost Update**

**Effective for dates of service on and after March 1, 2007,** the Health and Recovery Services Administration (HRSa) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list; and
2. Adjustments to existing MACs.

**1. MAC Additions:**

Generic Name	Strength	Form	MAC Effective 03/01/07
AMOXICILLIN TRIHYDRATE	250MG	TAB CHEW	\$0.12600
CIPROFLOXACIN HCL (2.5ML)	0.3%	EYE DROP	\$3.35600
CIPROFLOXACIN HCL (5ML)	0.3%	EYE DROP	\$2.48600
CIPROFLOXACIN HCL (10ML)	0.3%	EYE DROP	\$1.88400
CODEINE/ASA/CAFFEINE/ BUTALBITAL	30-325-50MG	CAPSULE	\$0.69980
GUAIFENESIN/HYDROCODONE BITARTRATE	100-5MG/ 5ML	SYRUP	\$0.01370
METOPROLOL SUCCINATE	25MG	TAB SR 24HR	\$0.58270
ONDANSETRON HCL	4MG	TABLET	\$16.42680
ONDANSETRON HCL	8MG	TABLET	\$27.36720
OXYBUTYNIN CHLORIDE	5MG	TAB OSM 24HR	\$2.62330
OXYBUTYNIN CHLORIDE	10MG	TAB OSM 24HR	\$2.64380
OXYBUTYNIN CHLORIDE	15MG	TAB OSM 24HR	\$2.90390
PROMETHAZINE HCL	50MG	TABLET	\$0.47890
THIORIDAZINE HCL	10MG	TABLET	\$0.12500
THIORIDAZINE HCL	25MG	TABLET	\$0.15630
THIORIDAZINE HCL	50MG	TABLET	\$0.19200

**2. MAC Adjustments:**

<b>Generic Name</b>	<b>Strength</b>	<b>Form</b>	<b>MAC Effective 03/01/07</b>
BENZTROPINE MESYLATE	0.5MG	TABLET	\$0.06250
BENZTROPINE MESYLATE	1MG	TABLET	\$0.06870
BENZTROPINE MESYLATE	2MG	TABLET	\$0.11220
D-AMPHETAMINE SULFATE	15MG	CAPSULE SA	\$0.75330
FLUTICASONE PROPIONATE	50MCG	SPRAY	\$2.58570
FLUOXETINE HCL	20MG-5ML	SOLUTION	\$0.07870
MEDROXYPROGESTERONE ACETATE	10MG	TABLET	\$0.12400
METOLAZONE	2.5MG	TABLET	\$0.44320
METOLAZONE	5MG	TABLET	\$0.74620
METOLAZONE	10MG	TABLET	\$0.95180
PRAVASTATIN SODIUM	10MG	TABLET	\$0.39120
PRAVASTATIN SODIUM	20MG	TABLET	\$0.41160
PRAVASTATIN SODIUM	40MG	TABLET	\$0.54180
PROMETHAZINE HCL	25MG	TABLET	\$0.30470
RIBAVIRIN	200MG	CAPSULE	\$2.58180

**How can I get HRSA's provider documents?**

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.